24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE STRIKEFORCE SUPER PAC	FEC IDENTIFICATION NUMBER ▼ C C00542456
Check if 24-hour report 48-hour report New report Amends re	eport filed on M M M / D D / Y Y Y Y Y
Full Name of Payee EXPERT TELE-SERVICES INC	Date of Public Distribution/Dissemination 11 01 2014
Mailing Address 15200 LEICESTERSHIRE ST	Amount
#230 City State Zip Code	16000.00
WOODBRIDGE VA 22191	Transaction ID : SE.4192 Date of Disbursement or Obligation
Purpose of Expenditure GOTV PHONE CALLS Category/ Type 00	04 10 D 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate JONI ERNST Support Oppose	Office Sought: House District: 00 President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 47000.00	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	16000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	16000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Signature	ate 11 01 / Y Y Y Y Y
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